

If parent/guardian answer “no” to all of these questions, immunize the child

If a parent/guardian answers “yes” to any of these questions please speak to your health care provider.

1. Is your child sick today or does he/she have a fever?
2. Is your child or anyone else at home currently taking steroids (such as cortisone or prednisone) or cancer treatment, or have they taken them within the past 3 months?
3. Does your child or anyone else in your home, have cancer, leukemia, HIV/AIDS or other immune deficiencies?
4. Has your child ever had a reaction to vaccine that needed medical attention?
5. Has your child ever had convulsions or seizures? Does your child have any other problems affecting his/her brain or nerves?
6. Does your child have an allergy to any of the following: neomycin, gelatin, yeast?
7. Has your child had a blood transfusion or a gamma globulin shot in the past year?
8. Is your child currently taking aspirin?
9. (For adolescent girls) Could you be pregnant?
10. Has your child received vaccinations in the past 4 weeks?

**Acetaminophen Dosage Chart**

Age	Weight	Drops	Elixir	Chewables 80 mg Tabs
0- 3 Mo	6-11lbs	.4ml 1/2 dropper		
4-11 Mo	12-17 lbs.	.8 ml dropper	1/2 Tsp.	
12-23 Mo	18-23 lbs	1.2 ml 1/2 dropper	3/4 Tsp 3.75 ml	
2-3 Yrs	24-35 lbs	1.6 ml	1 Tsp.	2 Tablets